

FAX NO.

P. 08/20

PTO/SB/31 (02-01)

Approved for use through 10/31/2002. OMB 0551-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number 09/901,461

Filing Date

First Named Inventor John Troy Walker

Title ...authenticating fingerprint

Group Art Unit

Examiner Name

Attorney Docket Number 4531.002

I hereby appoint:

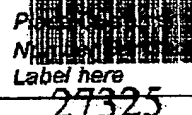
☒ Practitioners at Customer Number

27325

OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John Troy Walker

Signature

Date

10-19-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

16:37 15619680683

WALKER

PAGE 07

FAX NO.

P. 09/20

Type a digit sign (+) inside this box → ☐

TOWNER OF ATTORNEY OR AUTHORIZATION OF AGENT

Approved for use through 1/31/2002. OMB 0581-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
The Trademark Authorization Act of 1993, no persons are required to release to a collection of information, unless it displays a valid OMB control number.

Application Number	09/901,461
Filing Date	10/22/01
First named inventor	John Troy Walker
Title	...authenticating fingerprints
Group Art Unit	
Examiner Name	
Agency Dept Number	4531-002

I hereby appoint:

☐ Practitioner at Customer Number

27325

OR

☐ Practitioner(s) named below:

Name	Registration Number

my attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.

I will change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

☐ Practitioner at Customer Number

From Customer
Number Bar Code
Label here

First or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

on this:

☒ Applicant/Inventor.

☐ Assignment of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.72(a) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignor of Record

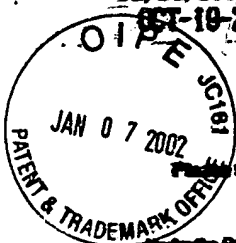
Dennis DeMelle

10/22/01

Signatures of all the inventors or assignors of record of the entire interest or their representative(s) are required. Submit originals
if more than one signature is required, see below.

Form of
forms are submitted.

For Signature This form is submitted to type 3, exclusive to electronic. There will vary depending upon the nature of the individual case. Any documents do
not of this, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC
20503. SEND PTO OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20503.



Place a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/901,461
Filing Date	10/22/01
First Named Inventor	John Troy Walker
Title	authenticating fingerprints.
Group Art Unit	
Examiner Name	
Attorney Docket Number	4531.002

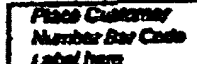
I hereby appoint:

- ☒ Practitioners at Customer Number **27325** → 
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number.
OR
☐ Practitioners at Customer Number → 
OR

☐ Firm or
Individual Name

Address

Address

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90).

SIGNATURE of Applicant or Assignee of Record

Name **Gilbert Russell**

Signature 

Date **10/22/01**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple copies of this form and signatures to the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22304-1450. DO NOT SEND FORM OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20531.




Please type a plus sign (+) before the fax number. → ☐

Approved for use through 10/31/2001, OMB 0501-0001
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/901,461
	Filing Date	2/15/01
	First Named Inventor	John Troy Walker
	File	authenticating fingerprints..
	Attorney's Office Number	7000-000

I hereby appoint:

☒ Practitioners at Customer Number 27325 → 

OR

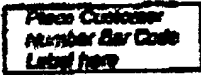
☐ Practitioner(s) named below:

Name	Registration Number

Please change the correspondence address for the above-mentioned application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number → 

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

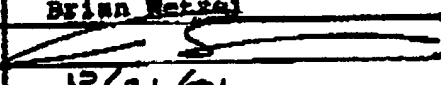
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name Brian M. ...

Signature 

Date 10/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

Before this Statement is submitted to the Patent and Trademark Office, it must be signed by the inventor or assignee of record of the entire interest or their representative(s). This Statement is required to be submitted to the Patent and Trademark Office, Washington, DC 20501, on the first day of the month following the date of the Statement. Send to: Assistant Commissioner for Patents, Washington, DC 20501.



Please sign and sign (+) inside this box

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.
Approved for use through 10/31/2002 OMB 0550-0002
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number 09/901,461
Filing Date DATE
First Named Inventor John Trew Walker
Title authenticated fingerprints...
Group Art Unit
Examiner Name
Attorney Docket Number 4531.002

I hereby appoint:

☒ Practitioner at Customer Number 27325

OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioner at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Timothy Yandell

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Guides Your Signature: This form is subject to being 2 minutes to complete. Time will vary depending upon the needs of the individual case. Any contracts or the approval of this you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.